

**TRANSMITTAL  
FORM**(To be used for all correspondence  
after initial filing)

Application Number	10/617,060
Filing Date	July 8, 2003
First Named Inventor	Peter H. Kay
Group Art Unit	1645
Examiner Name	
Attorney Docket No.	47675-52

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> CD(s), Number of CD(s)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> )
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input checked="" type="checkbox"/> Statement under 37 CFR 3.73(b)	<input type="checkbox"/> Additional Enclosure(s) ( <i>please identify below</i> ):
<input checked="" type="checkbox"/> Cited References	<input type="checkbox"/> Terminal Disclaimer	<u>Notice to Comply</u>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	<u>Request to Use Computer Readable Form from Prior Application</u>
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53	<input type="checkbox"/> Request for Refund	<u>Sequence Listing, printed</u>
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		

Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual Name	Barry L. Davison, Ph.D., J.D.	22504
Signature		
Date	08 Dec 2003	

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